

m09000000237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

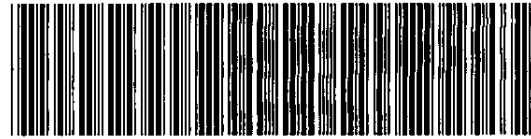
Special Instructions to Filing Officer:

**A. LUNT**

NOV 19 2010

**EXAMINER**

Office Use Only



800187860308

11/18/10--01006--021 \*\*\$5.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 NOV 18 PM 5:10

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OHM Hotel Management Company, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Micha French

Name of Person

OHM Hotel Management Company, LLC

Firm/Company

P.O. Box 1475

Address

Borger, TX 79008-1475

City/State and Zip Code

michaf@amaonline.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Micha French

Name of Person

at ( 806 )

677-1776

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**FILED**  
2010 NOV 18 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: OHM Hotel Management Company, LLC

2. (a) Principal office address of limited liability company: 300 W 6th Street

(Note: **MUST BE STREET ADDRESS**)

Borger, TX 79007

(b) Mailing address of limited liability company:

P.O. Box 1475

(Note: **MAY BE POST OFFICE BOX**)

Borger, TX 79008-1475

01/16/2009

3. Date of filing/registration in Florida

4. Document number

M0900000023

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

Kathy Bloomberg

Registered Office Address:

2616 NW First Street  
Cape Coral, FL 33993

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Sharee Thieleman

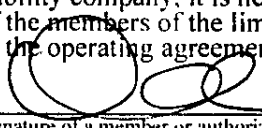
**NEW** Registered Office Address:

2701 SW 38th Terrace

(**MUST BE FLORIDA STREET ADDRESS**)

Cape Coral, FL 33914

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Odis McClellan

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**